

City of Houston DIRECT DEPOSIT AUTHORIZATION

$\hfill \square$ New to direct deposit program
$\hfill \square$ Add/change/delete existing direct deposits
\square Stop all direct deposit effective:
(Used only for Finance-approved exceptions

	*All shaded areas must be completed		(Osed only for I mane	c approved exceptions,
Employee No*	Employee name (last, first, middle initial)*	Dept nam	e*	Work Phone*
Action	Bank ABA Routing Number* (9 digits)	Account Number* (up to 17 characters)	Deposit Type	Account Type*
□Add			☐ Amount <u>\$</u>	Checking
□Change			☐ Percent%	□Savings
□Delete			☐ Balance	
Effective Date	Financial Institution (name, city, state)		•	
Action	Bank ABA Routing Number * (9 digits)	Account Number* (up to 17 characters)	Deposit Type	Account Type*
□Add	, , ,	, ,	☐ Amount \$	Checking
□Change			☐ Percent%	Savings
Delete			☐ Balance	
Effective Date	Financial Institution (name, city, state)			-
Action	Bank ABA Routing Number * (9 digits)	Account Number* (up to 17 characters)	Deposit Type	Account Type*
□Add	, , ,	, ,	☐ Amount \$	Checking
□Change			☐ Percent%	Savings
Delete			☐ Balance	
Effective Date	Financial Institution (name, city, state)			
	HECKING ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM. ACH THE DEPOSIT SLIP IF IT DOES NOT HAVE PRE-PRINTED BAI		T, ATTACH A DEPOSIT SLIP TO	THIS FORM.
account type, bank ID and	posit or changing account type, bank identification number or account num account number to the bank to assure the accuracy of the numbers. Char prenoting process is complete.	ber requires a prenote to be sent to the bank k nges should be effective 5 to 15 days after the	pefore the add or change becomes a agency enters the direct deposit in	affective. A prenote sends your the payroll system. You may
Remarks				
	ouston and my financial institutions indicated above to initiate electron ade in error to my accounts as I indicated above. I understand that this			

Send this form to your agency direct deposit designee. If you are not sure who this is, contact your payroll or personnel office.

Date *

Employee Signature*

Account Consent Form

I am providing the same consent for recovery from the other account holder by the signature below. I understand that the City will not begin a direct deposit to a joint account without the other account holder's permission for correcting debits.

From time to time, the City may need to correct the amount paid to me, which could result in payment by check. The City is not responsible for forwarding these checks to my bank. These checks will be delivered to me through my regular pay location.

I recognize that the City will automatically end direct deposit if the information needed to deposit my pay is no longer valid due to any changes made by my bank. In such case, it is my responsibility to provide the City with the updated deposit information to renew direct deposit.

If I change banks or accounts, I acknowledge that I must allow one month after I notify my department's payroll representative in writing. I must provide the City the name of a new bank and any new bank or account routing information for the direct deposit to be made to the new bank or account. This allows the City and banking system to re-execute the bank prenoting process.

If I wish to discontinue direct deposit, I acknowledge that I must notify my department's payroll representative in writing by the end of the current payday so the next check will be printed for delivery to me rather than being deposited directly to the account I specified.

I have attached a void check to confirm the bank and account information.

Is this account a Joint Account?	□ Yes	□ No
Second Account Holder		Date
Primary Account Holder		Date